

PRE-EMPLOYMENT DRUG TEST VERIFICATION

To be used in lieu of a pre-employment test – 382.301(c)(1)

This information must be obtained PRIOR to allowing the driver to drive a CMV for the first time. This information is obtained from the driver's previous drug testing program official.

Company:_____

Address:_____

City, State, Zip:_____

Phone:_____

Fax:_____

I hereby authorize release of information from the testing program listed below to release information listed in 382.301(c)(1).

DRIVER NAME:_____

Social Security Number:_____

Driver Signature:_____

CONTROLLED SUBSTANCES TESTING PROGRAM

Company:_____

Address:_____

City, State, Zip:_____

Phone:_____

Fax:_____

This is to verify that the above driver has participated in our controlled testing program for the past _____ months.

The testing program conformed to 49 CFR Part 40 and Part 382. The driver was properly qualified under Part 382 and did not refuse to take a test.

The last date the driver was tested for controlled substances was:_____

The MRO verified results were:_____

Signed:_____ Date:_____